

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10892

1. Entity Name

FEED THE PELICAN FUND, INC.

Principal Place of Business

Mailing Address

4372 33AVE N  
PINELLAS FL 33713

FEED THE PELICAN FUND  
PO BOX 605  
ST PETERSBURG FL 33731

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2531922

Applied For

Not Applicable

5. Certificate of Status Desired -

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

POLLY, KIMBALL  
4372 33 AVE N  
SAINT PETERSBURG FL 33713

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	KIMBALL, POLLY	
STREET ADDRESS	4372 33 AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEINBERG, TERI	
STREET ADDRESS	3025 3 ST N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALBERE, HAROLD	
STREET ADDRESS	5099 26 AVE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLITES, TINA	
STREET ADDRESS	4333 68 AVE N.	
CITY-ST-ZIP	PINELLAS PK FL 33781	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RAY, JOHN	
STREET ADDRESS	1425 EDEN ISLE BLVD N.E.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VANEVILLE, JENNINE	
STREET ADDRESS	7230 4TH ST N. # 402	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Muriel M. Keef	
STREET ADDRESS	1473 45 ave n.e.	
CITY-ST-ZIP	St. Petersburg Fla. 33703	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miller Phylliss	
STREET ADDRESS	3856 13th ave. W	
CITY-ST-ZIP	St. Petersburg FL 33713	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albers Harold Dum.	
STREET ADDRESS	5049 26 ave	
CITY-ST-ZIP	St. Petersburg Fla 33710	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yatsco Mariann	
STREET ADDRESS	4830 Paradise Ways.	
CITY-ST-ZIP	St. Petersburg Fla. 33705	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams Dennis	
STREET ADDRESS	2064 Point overlook Dr	
CITY-ST-ZIP	St. Petersburg, Fla. 33703	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carpenter Roxie	
STREET ADDRESS	1235 - 21st ave W.	
CITY-ST-ZIP	St. Petersburg Fla. 33704	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Muriel M. Keef*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(927) 526-6215



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)